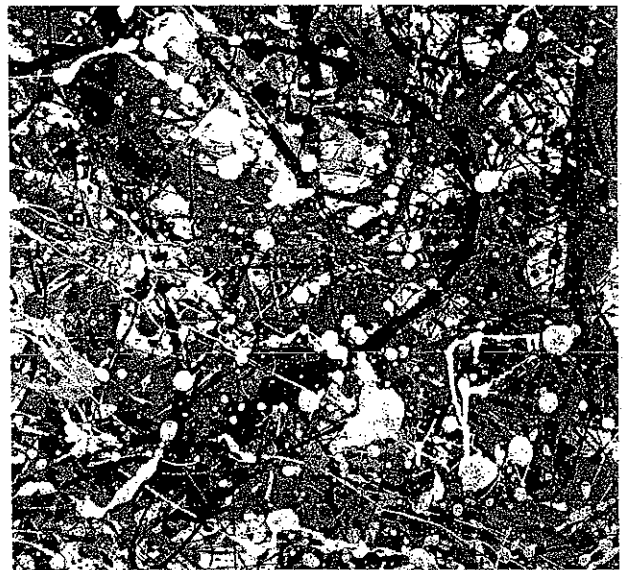


Entering the Gestural Field: The Body in Relation

by William F. Cornell

The arrangement of Freud's consulting room must have evoked an unusual physical intimacy, especially within the times and culture of fin-de-siecle Vienna. Though Freud's chair was positioned at a right angle to the patient, the arm of the chair was directly against the back of the couch, placing Freud's shoulder but inches from the patient's head. The patient would have felt Freud's voice resonating from behind, with a kind of closeness we usually associate with being held. The two would have been near enough for whatever residue of Freud's cigar smoke that permeated his clothing to have drifted to the nostrils of his patient. He could have easily turned slightly, be it in moments of reverie or with conscious intent, to cast his gaze over the patient's body. If Freud turned to look upon his patient, could the patient sense this shift from being heard to being seen? Though Freud's stated preference in psychoanalysis was for mental content, neither Freud nor his patients could ever fully escape the body's presence within the analytic hour. Even as he looked away from his patient, enveloped in his own associative processes, Freud's gaze would have fallen upon hundreds of antique representations of the human body, filling every available surface and cranny (Engelman, 1976). Everywhere in Freud's consulting room were images, artifacts, the presence of the human form.

The body, in the vitality and force of the drives, was central to Freud's thinking, from the very beginnings of his neurological and clinical explorations. Yet psychoanalytic practice has evolved in a direction of awkwardness with somatic communication and physical intimacy to the point that Andre Green (1996) would ask a question now that at one time in the history of psychoanalysis would have been absurd, 'Has Sexuality Anything To Do with Psychoanalysis?' The roots of this gradual disappearance of the body may lie in Freud's abandoning his early experiments with physical contact, hypnosis, and cathartic technique in order to develop his talking cure, a method that privileged his ears and mind over his eyes and body as primary therapeutic



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instruments. Freud never seemed able to fully grasp and utilize maternal and preoedipal functions, writing that, "Everything in the sphere of this first attachment to the mother seemed to me difficult to grasp in analysis, so grey with age and shadowy and almost impossible to revivify, that it was as if it had succumbed to an especially inexorable repression" (1931, p.228). We now work with the lingering theoretical and technical consequences of Freud's choices, as well as the ways we have, as a profession, privileged mind over body.

During the 1920's and early 1930's there was an explosion of creativity and controversy in analytic theory and technique, led by Ferenczi and Reich, centered on an understanding of the body, including direct work with the body. The work of these analysts who endeavored to enter somatic domains in treatment and whose theories foreshadowed contemporary research on infancy, neurophysiology and trauma, has been relegated to the fringes on psychoanalytic history. Their work was highly experimental, often deeply political, and highly controversial. Their work and attitudes did not sit well with many of their colleagues who were invested in the legitimization and codification of psychoanalysis. While Ferenczi's contributions have begun to undergo a contemporary reconsideration (Haynal, 1989; Aron & Harris, 1993; Rachman, 1997), Reich's work - in spite of his groundbreaking research and speculation into the nature of the mother/infant relationship (1983), his emphasis on the "how" over the "what" in the analytic process (1949), and the implications of autonomic nervous system responses for psychotherapy (1949, 1961) - is in virtually no evidence in the psychoanalytic literature.

The discreditation and ostracization of both Ferenczi and Reich were harsh, quite public and thorough. The message to the analytic community was clear: we are a cautious profession: we look, but we do not touch; we speak, but we do not act. So, too, our patients are to speak, not to act. True psychoanalysis is not experience-near, but neutral, anonymous and objective. The continent was tamed. Technique was codified.

Fortunately, it was not too long at all before analysts working slightly to the west of the continent, in Great Britain, began to stir things up again, and innovative styles of psychoanalysis began to emerge within the Kleinian and Independent schools. It was Winnicott who was most conscious of the centrality of the body in the foundation of psychic experience and who attempted, rather awkwardly, to write of the body. In article on the nature of psychosomatic disorders, Winnicott stressed, "as Freud said many decades ago, the ego is based on a body ego. Freud might have gone on to say that *in health* (italics in original) the self retains this seeming identity with the

body and its functioning" (1989, p.112). Winnicott developed the concept of the spontaneous gesture, "a sensorimotor grouping," and "linked the idea of a True Self with the spontaneous gesture. Fusion of the motility and erotic elements is in process of becoming a fact at this period of development of the individual (1965, p.145). With the simple notion of "gesture" Winnicott captured the nature of the social, the relational body (Cornell, 1997), rooting the mind within the body and symbolic capacities within presymbolic, relational experiences. In Winnicott's thinking it was through the indwelling of the psyche in the soma, fostered by what he characterized as the psychosomatic partnership of mother and infant, that the infant established the bases for both coherent ego function and secure relatedness.

Babies, Brains, and the Subsymbolic

The somatic and *pre-symbolic* realms are foundational in early developmental and relational formations (Schore, 1994; Beebe, Lachmann, & Jaffe, 1997; Bucci, 1997b; Downing, 1997). Shore observes that the orbitofrontal cortex, which monitors and regulates the duration and intensity of states of positive and negative affect, matures in the middle of the second year when a child typically has a vocabulary of approximately fifteen words. He concludes that "the core of the self is thus nonverbal and unconscious, and it lies in patterns of affect regulation" (1997, p.33). In his studies of preverbal patterns of communication and subsequent language development, Call (1992) stresses "that the human infant is preadapted to participating with the mother in establishing a coordinated reciprocal pattern of sensorimotor interaction (p.16), which he refers to as the grammar of experience" underlying the later languaged and symbolic forms of communication. Contemporary psychoanalytic theory has begun to respond to the neurophysiological and infant/parent research of the past two decades with radical revisionings of the understandings of the foundations of psychic development (Lichtenberg, 1983, 1989; Stern, 1985, 1994; Emde, 1988; Fast, 1992; Taylor, 1992; Shore, 1994, 1997, in press; Eisenberg, 1995; Insel, 1997; Tronick, 1998; Pally, 1998).

Beebe and her colleagues (Beebe & Lachmann, 1994; Beebe, Lachmann & Jaffe, 1997; Lachmann & Beebe, 1996) have underscored the controversies in the literature on both infant/parent interactions and adult psychotherapy, as to the primacy of self-regulation or mutually interactive regulation in the organization of psychic structure and the development of the self, arguing for a theoretical integration of the two. It seems that historically these theoretical models have split apart what are naturally unifying forces

the development of psychic structure - the body in relation to itself and of the body in relation to the other. In their integration of contemporary research on mother-infant interactions structures, Beebe and Schmanmann emphasize, "Broadly defined, the body is the subject of our entire discussion, because perception, cognition, affect and arousal are all bodily experiences" (1994, p.153). In a later article they argue that "although self and object are richly conceptualized in psychoanalysis, the dyad is not" (1997, p.135). I would argue that through the influence of relational and intersubjectivist theories, psychoanalytic conceptions of the therapeutic dyad are developing quite richly. The same cannot be said, however, for the conceptualization and technical utilization of the body within the therapeutic process.

The prefix "pre-" - preoedipal, pregenital, preobject, preverbal, presymbolic - are familiar in the psychoanalytic lexicon. I am utilizing the term subsymbolic in intentional contrast to the more common concept of the presymbolic. The term presymbolic, by definition, suggests a developmental pressure and maturation into the symbolic and subtly valorizes the maturational desirability of symbolic capacities. Bucci, utilizing the term 'subsymbolic', stresses:

Subsymbolic processing is not inherently regressive, not confined to altered states, and not limited to fulfillment of unconscious wishes. It provides a systematic account for aspects of the dreaming process and for the intuitive exchange of emotional information between analysts and patient; it also leads to a reexamination of many psychoanalytic concepts, from the fundamental notions of the primary process of thought and the unconscious itself, to current concepts of intersubjectivity. (1998; pp. 577-578).

Bucci describes subsymbolic processes as lifelong, complex, and systematic forms of implicit learning and organization involving visceral, sensory and motoric modalities. A non-clinical example comes to mind as I recall the first time I stood at the top of a black diamond slope for the first time (which a friend of mine, an expert skier, had decided I was ready to maneuver. I was terrified, and as I tried to follow his verbal instructions, I fell repeatedly. Finally my friend told me to simply follow him and "Do whatever I do." No words, no thinking, just doing, physically imitating his movements, developing a sense of how to use my body. I made it to the bottom without falling again, acquiring substantial new skills through a sensorimotor process. Skiing, like so many aspects of life involving the body, improve by doing it, not by talking about it.

Loewald emphasizes that "early levels of psychic development are not simply outgrown and left behind" (1980, p.81), recognizing that in love, sexual-

ity, play, creativity, grief, our passions of all sorts throughout all phases of life, retain simultaneous realms of the symbolic and subsymbolic. While it is certainly a primary therapeutic task to foster the development of the capacity for symbolic and verbal representation, it is not necessarily true that sensate and unsymbolized experience is in some way pathological or will be improved somehow in achieving the status of symbolic or languaged knowing.

In one crucial strand of research, more than two decades of direct infant observation have dramatically altered our understanding of the nature of infancy, of the infant/parent dyad, and of the social construction of the human brain. From birth the human being begins to form prelinguistic schema of an affective and sensorimotor world that function as subcortical, pre-cognitive templates that influence and are influenced by all subsequent cognitive and relational development. The quality of the primary parental relationships, the "shaping" (Bucci, 1997b; Stern, 1994) of somatic and affective interactions, profoundly influence the infant's gradually developing capacity for cohering experiences of its own bodily needs and excitements. It is through somatic shaping that the infant first comes to "know" a functional, mutually influencing triad of body, self and other.

As diverse strands of research come together in clinical theory, we are beginning to see the formative force of subsymbolic and sensorimotor processes that form the basis of self formation and personalization, as conceptualized by Winnicott (1989, p.270). Two distinct, concurrent and lifelong modes of experience - the symbolic and the subsymbolic continually shape and influence psychic life. Schore (1994, 1997, in press) and Bucci (1997a, 1997b) have offered the most systematic efforts to date to integrate psychoanalysis, brain research and infant/mother studies into a comprehensive clinical theory. Both describe the foundations of affect regulation and relational processes as developing within the limbic, sensorimotoric and right hemispheric structures of the brain, each of which are centers of mentation which are the developmental precursors to the subsequent cognitive, symbolizing capacities of the left hemisphere. Schore describes the subsymbolic processes inherent in non-verbal transference-countertransference interactions, proposing, "The orbitofrontal cortex, intimately involved with internal, bodily, and motivational states, plays a preeminent role in this interactive mechanism". In similar fashion, Bucci writes:

In the most general terms, the emotion schemas constitute the desires, expectations, and beliefs one has about other people, which develop through interactions with others from the beginning of life. These schemas include representations of objects, part objects and relations between them in all sensory mo-

dalities, as well as patterns of activation associated with motoric actions, and visceral and somatic states. (1997a, pp.156-157)

It is the central thesis of this paper that psychoanalysis to date has failed to adequately conceptualize the place of the body and the subsymbolic in the development of psychic structure and the evolution of self cohesion. It is common to speak of overcoming the classical Cartesian splitting of mind and body, identifying mind/body integration as a therapeutic goal. Looker has commented that, "It is hard for us as psychoanalysts to think about and work with the fact that the body is not a metaphor. The body is a wonderful source of metaphor, but it is also something to be reckoned with on its own terms" (1998, p.241). I propose an approach to and understanding of the body as an essential aspect of the mind, with visceral and sensorimotor processes understood as forms of knowing, organizing and communicating. I suggest, consistent with Bucci, that somatic, subsymbolic realms of psychic experience provide a coherent and cohering system of sensate and affective meaning that not only reflect early psychic disturbances commonly described in the literature but also a lifelong, enduring and enlivening substrate of somatic and relational life.

The Body's Emergence in Contemporary Analytic Literature

While there is to date no systematic conceptualization of the place of the body in the psychoanalytic process, the body is showing up everywhere in contemporary analytic writings. Harris (1998) argues that "relationists need to retrieve the body from classical theory" (p.39), commenting that "a *relational* [italics in the original] body may be a rather different creature from the body of classical theory, more inevitably interpersonal and fluid, less reified and static, but no less sexual" (pp.39-40). Contemporary analytic theorists, shifting away from the classical analytic emphases on interpretation, insight, derepression and adaptation, have come to place increasing emphasis on the creative, vitalizing and erotic aspects of psychoanalysis (Green, 1996, 2000; Bollas, 1989; 2000; McDougall, 1991, 1995; Eigen, 1995; Ogden, 1995; Dimen, 1999, Stein, 1998). Davies, for example, stresses the essential physicality of adult erotic desire:

[When shifting physical sensation] assumes a position of particular centrality in any attempt to understand the individual's erotic life - an organization of the experiences of self in relation to other in which love, shame, idealization, envy and rage are not just words but systems of physical sensation, elusive, ever-shifting, and rarely, if ever,

verbalized in normal interpersonal discourse. ... Yet, we are often taught to avoid such immersion in physicality, for the very reason that it is viewed as too primitive, too arousing and therefore potentially too gratifying to the patient. (1994, pp.159-160)

From this perspective, the body is hard to ignore, but it is not always so clear what to do with the body now that it has begun to be noticed.

Psychoanalysis has tended to equate the *somatic* with the *psychosomatic*, hence viewing the emergence of bodily phenomena in the analytic hour as some sort of acting out, regressive pressure or primitive functioning. Much of the analytic writing about somatic phenomena has been in the context of work with 'primitive states' and 'difficult' patients (Kiersky & Beebe, 1994; McLaughlin, 1995; Ogden, 1989; Tustin, 1986). It is certainly, at times, true that the emergence of somatic phenomena may signal the eruption of defensive, regressive, unmentalized realms of experience, but there needs to be a more complex understanding of somatic, subsymbolic processes. Jacobs, in his discussion of the lack of attention to nonverbal communication during the analytic hour, suggests that nonverbal communication is "the earliest and most primitive form of expression, and for many, if not most, people it evokes a world that is best forgotten," and "thus, for some analysts, to put themselves in close touch with the nonverbal world is unconsciously experienced as a threat that must be warded off" (1993, pp.747-48). What opportunities are lost when we equate the somatic with the symptomatic?

Anzieu suggests, "It is up to the psychoanalyst, in his internal work of elaborating interpretation, to find words that are symbolic equivalents of what was missing in the tactile exchanges between the baby and his mother" (1990, p. 73). This is an essential task of the analyst, but I question whether it is always sufficient. Phillips comments, "It is the psychoanalytic wish that words can lure bodies back to words; we don't, for example, tend to describe psychosomatic symptoms as simply other ways of thinking, but as failures of thought" (1995, p.36). Krystal (1997) in his discussion of the treatment of psychosomatic patients observes, "The difficulty is that a major part of related memory traces are preverbal and sensorimotor, and the affects and memories are nonmodal, undifferentiated, and mostly somatic - not at all the kind of fare we are used to" (p.146). Bucci (1997a) in her presentation of a 'multiple code' theory of psychic life notes that "the interaction of psychic and somatic process has been a central concern of psychoanalysis from its initial formulations" (p.151), concluding, "somaticization remains to a large extent beyond

the reach of psychoanalytic treatment" (p.170).

As the understanding of the very nature, the essence, of psychoanalysis is changing through relational and intersubjectivist models, the therapist is brought into an inevitable and sometimes rather uncomfortable awareness of his own bodily states, no longer seen primarily as regressive or fused states but as sources of vital information (Bollas, 1987, 1989; Maroda, 1991, 1999; Ogden, 1994, 1995; Knoblauch, 1997; Aron, 1998; Anderson, 1998; Harris, 1998; Balamuth, 1998; Frawley-O'Dea, 1998; Impert, 1999). Summarizing the confluence of relational theorists, Harris observes: "In different ways, they all propose that the analytic instrument must have very deep and primitive processing abilities. Analysts must have access to and be comfortable with their subjective affect states and bodily reactivity if they are to experience and metabolize their patient's communications. (1998; p. 40)

It is as though, at crucial moments and junctures, the analyst's body functions as the patient's mind (Landaiche, 1999). It has become increasingly common for the analyst's own bodily reactions and sensations to be understood as a consequence of a projective process on the part of the patient, putting out of his own body, into the analyst's body, what the patient cannot tolerate. It is the task of the analyst's body at these moments to contain, carry, metabolize and/or give meaning to what has been cast out of the patient's body and psyche.

I would suggest that there are times in the therapeutic endeavor when words fail, not always out of some defensive regression, but when entering emergent realms of experience when the pressure to verbalize may circumscribe rather than elaborate experience. Patients may need, at times like this, for the analyst to enter directly - if temporarily — into their literal syntax of sense and gesture, not in the sense of an unconscious enactment, but in the sense of conscious, intentional provision of a wordless, somatic containing, structuring, or formative function. Entering this realm of the gestural field is likely to be filled with both hope and dread (Mitchell, 1993), as vividly described by Romanyshyn:

What the patient brings into the field of therapy is a body haunted by an absent other, a body whose gestures find no witness, no reciprocal, for their appeal. Addressed to the therapist, these gestures hold in presence an absence which yearns for some lost other, an absence which galvanizes a field between patient and therapist, establishing a magnetic tension between them, a field in which each infects the other with desire and longing, impregnates the other with hope and fear. (1998, p.52)

It is also possible that something new, an emergent possibility, is being evoked within the patient's body, to be formed and grown between analyst and patient. At these times, it is as though the patient's body is the patient's mind, actively engaged in a nonverbal, formative process. How do we relate to the actual physicality of body experience within the patient, between patient and therapist? If we begin to conceptualize body process, at least in part, as a communicative process, the opening of a gestural field, how do we enter this field? Bucci effectively evokes a sense of the body:

These sensory experiences occur in consonance with somatic and visceral experience of pleasure and pain, as well as organized motoric actions involving the mouth, hands, and the whole body — kicking, crying, sucking, rooting and shaping one's body to another's. ...these direct and integrate emotional life long before language is acquired (1997a, p.161).

Shaping one's body to another's represents quite a challenge to the classical analytic process. Somatic processes place unique demands upon psychoanalytic theory, the psychoanalyst and the therapeutic relationship. In these sensorimotoric realms, the therapeutic process becomes a kind of psychosomatic partnership that can often be wordless, entering realms of experience that may not easily come into the comfort and familiarity of language.

How does the analyst sense the *shape* of the analysand's somatic experience? How does the analyst *shape* his body, to use Bucci's phrase, to the body of the analysand? Through the moderation and pacing of the analyst's tone of voice, level of affect, postural matching, the temporal rhythm of the session itself, the analyst can shape his somatic experience to the body of the patient. Relational analysts, Knoblauch (1996, 1997), Balamuth (1998) and Anderson (1998) among others, have begun to write compelling case narratives of work within this somatic terrain, utilizing their own bodily cues as treatment data and openings to therapeutic dialogue, so as to invite, heighten and regulate subsymbolic and unverbilized states of desire, anxiety and other relational tensions.

Central to psychoanalytic inquiry, to the process of the talking cure, is the question, "What comes to your mind?" and the freedom to speak it. In the exploration of subsymbolic realms, I would suggest that other questions may need to be asked (and experienced): "What comes to your body?"; "What might your body need to do?"; "How might your body need to move?". There are times when the analyst needs to enter the gestural field of the

patient, working within a shared somatic exploration, drawing upon his own somatic experience, states of affect and reverie, while inquiring of and attending to those of the patient.

The gestural realm: case vignettes

I offer case examples here in which bodily activity, in addition to body awareness and verbalization, is encouraged and explored as part of the ongoing therapeutic process. The first, with Abby, describes her direct work in relation to her own body in an effort to reshape and reclaim it. The second, with Liz, presents a discussion of relational dynamics with the expressive and interpersonal impact of direct body intervention.

Abby

It was a photograph in a magazine that brought a sense of wordless disturbance which led to a shift in the process of Abby's psychotherapy. A professional woman in her mid 40's, Abby, entered psychotherapy with me five years after completing long term therapy with a female therapist, intentionally choosing a male therapist this time. She decided to return to therapy with some uncertainty, motivated by persistent dysthymia and anxiety which did not interfere with her everyday functioning but seemed to deprive her from any consistent pleasure or satisfaction in her life. Her anxiety was rather undefined but experienced most acutely toward her adolescent daughter, for whom she repeatedly expressed concern for her safety and self-worth. Abby experienced sudden anxiety before each session, often thinking of canceling at the last minute. Her pre-session states of anxiety were filled with worries that the sessions would become too intense and disorganizing for her to function, thoughts that I would find her boring or upsetting somehow, or mental replays of her husband's disparaging remarks on her returning to therapy. In spite of her anxious ambivalence, Abby was clearly committed to her therapy, moving through her doubts to actively engage in the sessions.

Abby was one of four siblings, two sons and two daughters, born to upper middle class, ambitious parents. The family prided itself on its social and political accomplishments, the children pressured to be outgoing, independent, socially competent and academically accomplished. Abby, both as a child and as an adult, felt she often fell short of the mark. Sessions tended to focus on professional concerns and self-doubts and the stresses of being a professional woman while raising very active children. In discussing struggles with colleagues or family members, Abby was highly self-critical, while rarely feeling or expressing anger or disappointment toward those around her. She was, however, able to express anger and disappointment toward me, though with consid-

erable apprehension and difficulty. Issues she raised with me were substantial and brought up in a way that enhanced the work rather than disrupting it or distancing from it. Sessions were productive, and yet no underlying theme seemed to emerge. Abby remained uncertain as to why she was "really" in therapy this time, whether she could justify the time and expense.

She mentioned in passing that she had become preoccupied with a photograph she'd seen in a magazine. The photograph both fascinated and disturbed her. She had thought several times of bringing it up in session, but hesitated, feeling embarrassed and uncertain of what to say about it. She didn't know what to say about it; she just kept seeing it and decided to draw it, hoping she could then discover its meaning. She then found herself drawing, redrawing, reworking the image. She asked to bring the drawing to session.

The image was of three football players walking off the field, hunched over, soaked in rain and covered with mud. The figures were somewhat obscured in the rain and mist, their faces hidden by their helmets. The figures communicated both a menace and a fatigue. The men were physically close, touching each other, clearly part of a team. The drawing was very finely rendered and quite moving as a drawing in and of itself. As Abby began to associate to the picture, she thought of her father, his pride in his body and his athleticism, his preference for his sons over his daughters, his bullying and narcissistic authority and self-righteousness. All of this was familiar material from her previous therapy, Abby reported, expressing bewilderment at not being able to get through to whatever it was that made this image so compelling for her. I suggested that rather than drawing the image or talking about it, she **become** it physically, literally taking it on with her body.

A series of sessions ensued in which she worked standing up, mimicking each of the figures, gradually entering the posture of each, walking and moving in the way she imagined they would move. She took on their shapes and movements. Each session would begin with her discussing whatever events of the week she wanted me to know about or that she needed to think through, and then she would stand up, put the picture on the floor and begin to do some part of the picture. We spoke very little. I stood near her, offering no interpretations, simply asking her to relate what she experienced if she was so inclined. She did a lot, said very little, occasionally commenting on sensations in her body, on what she was feeling, on what she sensed the men in the picture might be feeling. No new memories or insights emerged, but a changing sense of her body did begin to emerge. She began to notice a different sense of herself between sessions, feeling more substantial in herself

with her thoughts and feelings. She realized she felt angry and acknowledged it more often in her daily life. She was moving into a way of being that had captivated her in that photograph and had been denied her as a daughter in the family. Through her experiments with the actual form and movement of her body in sessions Abby began to reorganize herself in a very literal fashion. Language and insight followed and helped to integrate her bodily activity and exploration.

Liz

Liz had always had a rather clear, consistent and unquestioned view of herself. A pediatrician, now in her late 50's, she had been in and out of various forms of psychotherapy since finishing medical school. She had lifelong interests in child development, psychotherapy and psychoanalysis, particularly drawn to theories of attachment and empathy, with which she strongly identified in her role as mother and as physician. Other than her husband and children, most everyone else was held at a comfortable distance, including her various therapists over the years. Her therapeutic efforts were typically intense, but brief, focused on a problem to solve or a family crisis to resolve. Therapists were chosen primarily for their expertise in a given area, changing therapists with each new undertaking. She was not in psychotherapy to develop a relationship or to become dependent upon someone, but to solve the problem at hand.

Liz entered twice-weekly psychotherapy with me, motivated this time by the loss of her family structure now that her children were grown and by the potential gain of new professional opportunities which would require additional training and significant travel. Both realms of life change were precipitating personal and marital crises, though Liz would never have used the word crisis herself. Liz and her husband were both accomplished professionals, she in medicine and preventative health care, he in business. Both had been primarily outer directed, deeply invested in their careers, relatively asocial beyond professional acquaintances. Both were deeply involved with their children, stretching well into their lives of their children.

Liz saw herself as deeply devoted to children within her family and her practice. She took pride in her determination and dedication in family and work. In the initial sessions she also presented herself as always having struggled with a slight degree of depression (though not at a level that would necessitate medication), a vulnerability to headaches, muscular and joint pain, and to increasing fatigue. She told me that one reason for her seeking me out was my reputation for attending more directly to the body than most psychotherapists, but other than those initial references to depressiveness and pain, she made no references

to her body. As I sat with her in initial sessions, I often felt pulled between her self-presentation of endurance and devotion and of what I saw as a chronic sense of fragility, fatigue and unhappiness (in my perception, not her words).

Liz worried whether she "still had it in her" to learn more. Was this some sort of narcissistic ambition that this new training pursuit would represent? she wondered. What would be the consequences in her marriage now that her husband no longer had to work and was moving toward semi-retirement? Couldn't she, shouldn't she, be content to be a wife and now grandmother? Slight irritations with her husband would sometimes emerge, but they were quickly denied or minimized. Having looked forward to becoming a grandmother, she was surprised to find herself often bored and feeling taken for granted when asked to watch the grandchildren.

After a few weeks, I suggested that this was a good time in her life to allow herself a sustained therapeutic relationship, but I was hesitant to address the rather profound gap I experienced between her self-image and my visual/visceral reactions to her presence in my office. How could I speak to this without seeming judgmental, shaming, diminishing? I felt cautious in what I could say to her. Gradually Liz was able to acknowledge her desire for an ongoing therapeutic experience, something deeper than she's allowed herself before. She spoke of the possible need for a deeper therapeutic experience, never defined as the need or wish for a therapeutic relationship. When I would inquire of the possibility of a more sustained therapeutic relationship, she professed intense ambivalence. Was it truly a need? Or was it more of an immature, selfish wish-want-fantasy? She often expressed a reluctance to continue and embarrassment at her being back in therapy "yet again". Why couldn't she be satisfied with her life as it was now, she often wondered.

Fleeting references to her childhood would emerge, only to quietly disappear with attention to more everyday, family-centered or work-centered concerns. An only child, she was born to parents who seemed to have little interest in her. The marriage was a second marriage for both parents, and Liz sometimes wondered if she had been wanted at all. Was she an obligatory baby, born to represent or cement a marriage that seemed more one of convenience and ambition than of passion or devotion? Her father was a well known figure of authority in his field, passionately and narcissistically devoted to his work. Her mother seemed passionately devoted to status and economic security. Neither of her parents seemed to derive an particular pleasure or meaning from being parents. As a young child, Liz was frequently left in the care of her maternal grandmother, her mother professing at the time that her place was at her

husband's side and that Grandmama was lonely and needed company. Liz's mother explained many years later that she was, in fact, terrified of losing her husband to another woman, as their relationship had begun as an affair. Liz's mother did not see loyalty as a strong suit for herself or her husband. Liz remembered her grandmother as a cold, demanding and authoritarian woman, who have raised "proper" children of her own without much apparent pleasure, then to be entrusted with much of her granddaughter's upbringing. Liz was able to acknowledge both fear and hatred of her grandmother.

Liz frequently described herself as "enduring" in nature, and as our work continued over the months I often felt enduring in her presence. I found myself wondering if we were co-creating a kind of masochist field within which we were both privately and politely tolerating our discomforts and frustrations in the name of patience and understanding. We seemed caught up in an idealized realm of waiting, seen by Liz as patience, forbearance, thoughtfulness. Waiting for WHAT, I found myself asking myself, though interestingly not asking Liz, not commenting on my impatience in the face of her patience. I would, however, frequently comment upon how her hours with me seemed to fill my office with the figures in her life but rarely with herself. I interpreted her dread of acknowledging within herself of any qualities that seemed to be like those she attributed to her parents - selfish, ambitious, oblivious to the wishes and needs of those around her. I observed how, in contra distinction to her parents, her life and her therapeutic hours seemed filled with the needs and wishes of others rather than her own. Where was she in her hours with me?

Curiously I was hesitant to ask the rather obvious question of where was she in her relationship to me. I could not hold myself within her field, just as she could not maintain herself in the relational fields of those around her. We each disappeared from the other. I felt strangely quieted with Liz. I commented upon my caution with her. My carefulness, she explained to me, she took as a sign of my empathy and caring for her, just as she was careful for others.

My carefulness did not feel to me to be particularly caring. I found myself bored and irritated with increasing frequency. I censored confrontations that sounded mean in my head, that I knew would more relieve my aggravation than enlighten Liz. I was curious about my reserve, wondering how I could bring this sense of my reserve into the work, to provide meaning. The sessions droned on with Liz's preoccupations with professional and familial decisions, her ambivalence about wanting more for herself and of life, her concerns for damaging her marriage and family if

she pursued these new professional opportunities. We had become mired in an endless present. References to the past were fleeting; we could not seem to inhabit, feel or explore her past. The future could not emerge from her preoccupation with the present. My interpretations of her fears of discovering herself to be like her parent - selfish, ambitious - did gradually begin to strike home and free her to think about herself with more autonomy. Yet I remained dissatisfied, restless, irritated.

After sessions I would often experience affect that I could not reach in myself during sessions. I increasingly felt dulled and used, related to more as hired help than as an entrusted professional. My caution felt more like inhibition, but I couldn't identify the inhibiting force. I felt physically restless during sessions with an intense desire to move after her sessions. I was aware of a kind of "catch," an agitation, in the center of my chest, which I labeled as a symptom of my growing frustration with Liz. My body seemed absent in sessions, seeming to "report in" only after Liz left.

In session, my eye was often drawn to her body, though as had so often become the case with my way of being with her, I did not speak of her body. Here were no accidents in Liz's appearance. Her hair, face and clothing were lovely, colourful, graceful and expensive without ever being ostentatious. Her attire was pleasing and yet unconvincing, as it seemed to decorate her body more than express it. There was a flatness, a quality of resignation in her eyes. Her eyes seemed to search in silence, but they did not invite contact but rather to create a quality of avoidance. Underneath the graceful drape of her clothes, she seemed too thin, frail. She rarely moved with any force or spontaneity. I began to realize that this subtle but deep bearing of her body was much of what quieted, inhibited me. I didn't feel the right, the safety to speak with too much force.

Her arms were typically folded across her chest, not tightly holding onto to herself, but simply there; by themselves, draped as though another layer of fabric across her torso. I often looked at Liz without seeing anything in particular and began to realize that I was not supposed to see anything in particular.

As the time approached to make a decision to take the new position of professional advancement the training and travel it would require, Liz became even more deliberate in her deliberations than usual. But she had to make the decision or have the opportunity given over to a colleague. "FUCK," she shouted suddenly in the midst of her familiar rut, "I wish just for once there was some exuberance in my life. Exuberance. Spunk. Trouble. I am so fucking careful about everything!" As she

spoke, she flung her arms out in an arc, like a runner's arms spreading as she approaches the finish line. Just as suddenly her arms pulled back to her torso, her right arm bending at the elbow, bringing her hand (now in a fist) against her shoulder. Then both hands, fingers curled in, were drawn to the center of her chest. She became quiet, as though nothing had happened. This was a posture so familiar to me that I had ceased to see it. It was so familiar that it had become invisible, and in its invisibility had lost any meaning.

"Do that again with your arms, Liz. Notice your body. Move your arms out again in exuberance. Feel what happens." She looked startled at my suggestion, but she flung her arms outward again with a resounding, "FUCK them!" Spontaneously she pulled her arms in and then flung them outward, repeating the movements several times over. She began to cry. I waited. She gradually began to speak, reporting that as she flung her arms out the second time, intentionally and consciously, her chest constricted, she panicked that she couldn't breathe, and she saw her grandmother. She heard her grandmother's "Don't get carried away with yourself, young lady." Liz realized that her grandmother's invective echoed through many years and scenes of her childhood but in that initial moment of release she figured that "young lady" was probably about three years old. Tears alternated with waves of subdued anger.

Her gesture of arms flung wide stayed with us for many weeks and became an anchoring point of reference for her ensuing psychotherapy, opening her past to habitation and exploration. As we worked with the gesture, her actual experience of it and her associations to it, two central meanings emerged, accompanied by numerous affective and somatic memories of her self-inhibitions, collapsing herself in the face of distant parents and a disapproving, constricted grandmother. The first and most enduring meaning was of the sacrifice of her childhood and adult life exuberance. In place of her exuberance, Liz developed her identity as self-sacrificing, enduring and dedicated. She could begin to see her investment as a young girl in a pseudomaturity, a precocious identification with mental activity, "bracing for disappointment" in the telling phrase of Shabad and Selinger (1996).

The second meaning was that of an embrace, the wish to embrace and be embraced, to be swept up in the arms of those she tried to love. Her body and our sessions were filled for weeks with her unspoken wishes to be a source of joy in her parents' lives, for them to want her with them rather than sent off to grandmother. Her experience of the wished for embrace and delight filled her

with sadness and nearly unbearable vulnerability and shame. She associated these feelings to her wish for a deeper therapeutic experience but her warding off of a deeper therapeutic relationship.

The opening of her body and her childhood desires opened up our relationship. It became possible for me to report my experience of my own body in relation to hers in a way that held meaning rather than criticism or complaint. It became possible to discuss our mutual inhibition, dullness and caution, our re-enactment of her childhood experience of everyone holding hands, arms, desire, excitement back from one another. Liz had silently begun to experience my caution as disinterest rather than caring but was terrified to speak to it. We were able to acknowledge how much of our experience of one another we had been holding from each other in "protective," but increasingly angry silences. She was able to begin acknowledging her often confusing wishes that I would speak to her tenderly and also shake her up somehow. The unfolding and deepening of our transference-countertransference relationship is ongoing. She decided to pursue the new professional opportunities and to bring her personal restlessness and desires to her husband in ways that look likely to enrich rather than destroy the marriage. Her mind and will increasingly function on behalf of her body rather than in place of it. There are still times when one or the other of us falls back into dulled deliberation and each of us have been known to fling our arms outward with an exuberant "Fuck!" to get the other's attention, re-open the gestural field.

Conclusion

I have offered clinical vignettes presenting examples of intentionally entering a nonverbal, gestural field, utilizing direct interventions with the activity of the client's body, in order to elaborate and elucidate subsymbolic realms of experience. These interventions may be outside the purview of standard analytic procedures but are offered as illustrations of interventions that can enhance the therapeutic process without derailing the ongoing analytic stance. This paper and its clinical vignettes are an effort to bring the body itself, as well as the relationship, into the process of analytic dialogue and understanding.

Fast observes that "Freud's developmental conception pursues the association of primitive experience with body-centered forces and mature thought with environmental influences" (1992, p.391). Psychoanalysis has long had a self-reinforcing theory of the pathology of "primitive," unlanguage levels of functioning. The psycho-

pathological consequences of the inability or refusal to symbolize and speak are undeniable and are well represented in to analytic literature. But in the emphasis on the pathological, there is an underrepresentation of the potential vitality and communicative richness of somatic, subsymbolic experience.

There is, of course, an irony - and often a frustration - in the effort to write about the realms of the wordless. How can we as clinicians gradually develop more ease and skill not only in moving from the wordless into the languaged but also from languaged realms into those of nonverbal bodily and gestural experience? How can we as authors, theorists and analysts use language and ideas to describe and evoke wordless and thoughtless forms of knowing? A sensate vocabulary is emerging. Throughout contemporary psychoanalytic writing there are important insights into the nature of somatic, pre-representational knowing. The clinical writings of many of the authors referenced in this essay are like glistening facets of a mosaic that is still forming.

We experience the successful or unsuccessful shaping of our bodies in all of our vital, intimate relationships of any age and developmental stage. A fundamental knowing of self and other forms first through the experience and use of all senses of one's body with another's. In life, and in psychoanalysis, healthy development involves the integration of motoric and sensate processes within the context of a primary relationship, establishing subsymbolic, somatic schemas of the self in relation to one's own body, to cognitive and symbolic processes, and to the desire for and experience of the other.

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